

POLICY OF	POLICY NUMBER	PAGE NUMBER
STATE OF DELAWARE	E-07	1 OF 2
DEPARTMENT OF CORRECTION	RELATED NCCHC/ACA STANDARDS: P-E-07/4-4346 (ESSENTIAL)	
CHAPTER: 11 HEALTH SERVICES	SUBJECT: NON-EMERGENT HEALTHCARE REQUESTS SICK CALL	
APPROVED BY THE COMMISSIONER:		
EFFECTIVE DATE: 11-19-07		

PURPOSE:

Access to healthcare is provided by qualified healthcare providers for non-emergency healthcare needs.

POLICY:

1. Access to non-emergency healthcare is obtained by submitting a written request, which is placed in a locked sick call box or handed to a health care professional. Requests will be picked up seven (7) days a week.
2. The request will be triaged within 24 hours of receipt. Requests will be time and date stamped upon receipt into the medical unit.
3. Request for dental and mental health will be forwarded on the same day the request is received to the appropriate discipline.
4. Inmates whose requests include symptoms are scheduled to be seen by health care staff within one (1) business day of triage of request. However, if triage determines problem is urgent, the patient will be seen immediately. Disposition, as it relates to the written request, will be documented on the request.
5. Administrative sick call requests for shoes, visits, phone calls, etc., will be triaged within the 24 hours and a written response provided within four (4) business days.
6. Sick call request system will provide confidentiality of the inmate request. Only health care staff will have access to written sick call requests describing specifics of healthcare issues.

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7. Qualified nursing professionals will utilize physician approved nursing protocols for daily nurse sick call visits. Inmates requiring care beyond the scope of the protocols will be referred to physician (or mid-level) sick call schedule based on nursing assessment. Physician or mid level will see the inmate within no more than five (5) business days. Inmates seen by nursing for same complaint two (2) times will automatically be referred to the next level provider at third request.
8. When an LPN performs the sick call assessment an RN will review the assessment and provide feedback within one shift. This may include reassessing the patient.
9. Nursing personnel will make rounds in segregation areas to solicit healthcare requests from segregated inmates on a daily basis. These rounds will be documented on Segregation Logs. Inmate requests will be triaged daily and scheduled for sick call visit.
10. Any inmate with a request suggesting a problem of an emergent nature (i.e. chest pain) will receive immediate attention.
11. All sick call requests will be entered at the time of triage into DACS or a sick call log containing the following fields: name, SBI number, location, date of triage, date seen, description of problem, and disposition.
12. Disposition of the sick call request will be noted and dated. Follow-up appointments will be scheduled on appropriate sick call log.
13. Persons who do not show for scheduled sick call assessment will be rescheduled and seen within next business day. The reason for no show will be documented in DACS or sick call log.

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2003, P-E-07

American Correctional Association: Standards for Adult Correctional Institutions, 4th Edition, 2003. 4-4346